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ABSTRACT

This report on the status of Black Americans over 65 years of age is based on nine public forums and hearings held in major cities throughout the country in 1986. More than 100 witnesses testified, including senior citizens, professionals in the field of aging, elected officials, government administrators, and directors of service programs. Findings include the following: (1) older Blacks are the poorest of the poor among the elderly; (2) older Blacks suffer more intense health care problems than other Americans; (3) older Blacks have suffered from recent federal budgetary cuts; (4) older Blacks are more likely to inhabit unsuitable housing; (5) older Blacks are more likely to be the victims of crime; and (6) older Blacks are underrepresented in Older Americans Act and other service programs. Key recommendations include the following: (1) reform the Federal Supplemental Security Income standards; (2) establish a mandatory pension system; (3) resist further attempts to cut Medicare and Medicaid coverage; (4) encourage preventive medicine; (5) enact a universal, comprehensive national health insurance program; (6) develop a more balanced method of reducing the Federal deficit; (7) repeal the Gramm-Rudman-Hollings Amendment; (8) provide additional housing units for the elderly; (9) combat crime with preventive techniques; and (10) encourage minority elderly to participate in programs of the Older Americans Act. (FMW)

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THE CHAIRMAN'S REPORT ON THE BLACK ELDERLY IN AMERICA

A REPORT

BY THE

CHAIRMAN

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

SECOND SESSION

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LETTER OF TRANSMITTAL

Select Committee on Aging
U.S. House of Representatives
Washington, D.C.

To Members of the House Select Committee on Aging:

This compilation of data was obtained from a series of congressional hearings and public forums held across the country focusing directly on the unique problems of the Black elderly.

It is with deep appreciation that we provide this document to you in the interest of aging issues.

Edward R. Roybal
Chairman

FOREWORD

THE CHAIRMAN'S REPORT ON THE BLACK ELDERLY IN AMERICA

Several hearings were conducted by the House Select Committee on Aging focusing on the problems of the Black elderly. Separately, the National Caucus and Center on Black Aged (NCBA) has conducted a number of forums across the country to obtain data on the economic status of the Black elderly. These forums have disclosed that the Black elderly suffer from a myriad of problems involving health care, income security, crime and other problems which disproportionately impact the Black elderly living in their communities. It is my sincere hope that the information which is provided in this report will serve to spur the Congress and the nation to devote greater resources in aiding Black and other minority elderly.

The major source of support for elderly Blacks and other senior citizens, the Federal government, has been subjected to a number of dramatic budget reductions during the 1980's. One example occurred in 1983 when the elderly did not receive a cost-of-living adjustment (COLA) under Social Security, a benefit which had normally been confirmed in previous years of inflation. These and other reductions in categorical benefits furnished by the Federal government have had a disproportionate and adverse impact on the health and well-being of many of the Black elderly.

There are a number of major problems faced by the elderly. Among the most prominent of these problem areas are housing, crime, and a lack of adequate human service programs. Among the Black elderly, these problems are compounded and magnified due to a lack of resources and an inability of the Federal government to disseminate these limited resources to members of the elderly Black community.

One critical area of need, for example, involves providing affordable housing to elderly members of the Black community who need such housing. Housing is one of the major obstacles faced by aged Blacks whether they live in urban ghettos or rural slums. According to information provided in this report, even though their homes may be dilapidated, their meager incomes make it impossible for them to move to more suitable housing or repair existing homes.

VI

Crime is another major problem which confronts the Black community. Many elderly Blacks are concerned that in the absence of adequate police protection and secured housing, that they may be subjected to major crimes from which they can never recover, either financially or physically. As such, crimes are often unreported or underreported in the Black community and, in all too many Black communities, there is a pervasive fear of crime which effectively imprisons the elderly in their homes. Such fear also effectively cuts off many minority elderly from their families and from needy human service programs.

Minorities and Blacks are underrepresented in Older American Act services and programs. However, the minority elderly, including Blacks, typically have a greater need for supportive services. In fact, it has been documented that the minority elderly typically need two to three and one-half times as much in the way of human and other supportive services as compared to older whites. This situation appears to be worsening, particularly in terms of minority participation under Title III-B supportive service programs.

I believe this report provides the kind of information that will enhance the understanding of the Congress and the nation concerning the needs of the Black and minority elderly community. I hope that this information further spurs the efforts of the public and private sector to fashion appropriate remedies and services that will begin to address some of the needs that are outlined in this report. If there is truly to be a "safety net" then it will take the best efforts of us all to fashion that safety net in a manner that adequately addresses the concerns embodied throughout this report.

PREFACE

Our report is based on six issue forums which NCBA conducted throughout the United States in 1986 and three House Select Committee on Aging hearings on this subject in Detroit, Memphis, and Washington, D.C.

Eleven members of the Congressional Black Caucus and several members from the House Select committee on Aging participated in the nine forums and hearings in eight major cities throughout the United States. More than 100 senior citizens and other experts testified.

Their message was brief but blunt. Older Blacks are the poorest of the poor among the elderly and they are among the most impoverished groups in our nation today. By virtually any standard of measurement, their quality of life is below that for most other older Americans.

Aged Blacks are among the most poorly housed groups in our society today. They are more likely to experience health problems than aged persons in general. And, they usually run a greater risk of being criminal victims than other Americans.

As a group, older Blacks have borne more social, economic, and psychological damage than any other group because of de jure and de facto racial discrimination. The forums and hearings, though, demonstrate that elderly Blacks have great resilience. They have faced formidable odds throughout their lives. Yet, they have survived and have made important contributions to our Nation.

However, older Blacks are still among the most disadvantaged groups in our entire society today. This report is not only designed to improve public understanding about the true state of affairs for aged Blacks, but also to chart a new course to improve the quality of life for elderly Blacks and other low-income aged persons in the United States. Our Nation has the resources and the capacity to enable all older Americans to live in dignity and self-respect. However, a catalyst is needed to provide the necessary impetus to develop a long awaited comprehensive national policy to improve living conditions for aged Blacks and other low-income elderly persons. It is our hope that our findings and recommendations in this report can be the energizing force to launch this long overdue action.

ACKNOWLEDGMENTS

The Select Committee on Aging wishes to extend deep appreciation to Mr. Samuel J. Simmons, President of the National Caucus and Center on the Black Aged, Inc., and to the National Caucus and Center on Black Aged board members, its counsel, David A. Affeldt, Esq., the Villers Foundation, the Office of Legislative Affairs and State Legislative Committees, American Association of Retired Persons; and Members of the Congressional Black Caucus for their contributions to this report.

EXECUTIVE SUMMARY

I. INTRODUCTION

Many people know in a general way that the quality of life for older Blacks is significantly lower than for other groups in our society. But, they are often surprised—sometimes shocked—by the degree of deprivation among aged Blacks.

Older Blacks are the poorest of the poor among the elderly. No other major aged racial or ethnic group has a poverty rate as high as elderly Blacks—not aged Indians, not older Hispanics, elderly Pacific/Asians, or any other major group.

Many senior citizens did not become poor until they became old. But, this is simply not true for a large proportion of aged Blacks. They have known poverty all their lives—from the moment of conception until death. Advancing age simply intensifies their problems.

Many older Blacks now encounter the "double jeopardy" of age and race. They were raised at a time when more flagrant discrimination existed. Many were forced to drop out of school for economic or for other reasons.

To a very large degree, they were shortened by the existing political, social, and economic system. Today, they are constantly aware of denied cultural, educational, and monetary advantages. The net effect is that large numbers now enter the "senior citizen" ranks with insufficient financial resources. The facts speak for themselves.

This report is based upon six issue forums that the National Caucus and Center on the Black Aged conducted throughout the United States in 1986 and three House Select Committee on Aging hearings in Detroit, Memphis, and Washington, D.C. Eleven members from the Congressional Black Caucus and several members from the House Select Committee on Aging participated in nine forums in eight major cities throughout our Nation. More than 100 witnesses—including senior citizens, professionals in the field of aging, elected officials, government administrators, directors of service programs, and others-testified at these forums and hearings.

The following summary highlights the key findings and recommendations from this comprehensive study.

II. INCOME AND EMPLOYMENT

Aged Blacks are three times as likely to be poor as elderly Whites. In 1985, 31.5 percent of all blacks 65 years or older lived in poverty, compared to 11.0 percent for all older Whites. Overall, 717,000 aged Blacks were poor. A person 65 years or older was considered poor in 1985 under the Census Bureau definition if his or her annual income fell below $5,196 ($6,503 for an elderly couple.

This, though, is just the tip of the iceberg. Nearly 900,000 more elderly Blacks were economically vulnerable. Their incomes did not exceed twice the poverty thresholds: about $10,300 for an older individual and approximately $13,000 for an elderly couple in 1985. The bottom line is that seven out of ten (71.1 percent) older Blacks are either poor or economically vulnerable.

The situation is especially precarious for single unrelated elderly Black women or those who live with nonrelatives. They are clearly one of the most economically deprived groups in our society today. About seven out of every eight (87.9 percent) are either poor or economically vulnerable.

Inadequate income in retirement is the number one dilemma for older Blacks. No other problem looms as large as the retirement income crisis which already affects many aged Blacks and threatens to engulf others. Inadequate income is one of the root causes for virtually every problem confronting elderly Blacks, whether it is poor health, an inappropriate diet, dilapidated housing or other living conditions.

Five out of eight (64.9 percent) aged Black females had an annual income below $5,000 in 1985, and one out of six (17.0 percent) had less than $3,000.

Older Blacks were 1.8 to 2.4 times more likely to be unemployed than aged Whites in 1985. Elderly Blacks who are able to work earn less than older Whites who are employed. The median usual weeky earnings for a full-time Black wage earner 65 years or older in 1985 was just 55.6 percent of that for a comparably situated aged White wage earner.

Key recommendations

—The federal Supplemental Security Income standards should be raised above the poverty lines.

—The SSI benefits standard should not be reduced by one-third when aged, blind

or disabled recipients live in the household of another for a full month and receive in-kind maintenance and support.

—A mandatory pension system should be established to assure that all workers receive at least a minimum pension.

III. HEALTH

A health care crisis afflicts hundreds of thousands of Blacks 65 years or older. Quite often, aged Blacks suffer more intense health care problems than other older Americans.

Life expectancy is significantly shorter for Blacks than Whites. A White male born in 1982 can expect to live, on the average 6.6 years longer than Black males; 71.5 years versus 64.9 years. Similarly, White females are projected to live 5.3 years longer than Black females: 78.8 years compared to 73.5 years.

More than one-half (55 percent) of all Blacks 65 years or older consider their health to be poor or just fair, in contrast to one-third (33 percent) among aged Whites.

Elderly Blacks emphasized during the forums and the hearings that they have been victimized by our two-tier health system. They often receive "welfare medicine," while the more affluent or those with decent company health insurance plans receive quality care.

Medicare and Medicaid protection has been whittled away in recent years by rapidly rising deductible and coinsurance charges and cutbacks in omnibus budget reconciliation bills. For example, the Medicare inpatient hospital deductible charge has jumped by 155 percent during the past six years, from $204 in 1981 to $520 in 1987.

Only a relatively small proportion of aged Blacks and other low-income elderly persons actually have Medicaid protection. In fact, about one out of every three (36 percent) non-institutionalized aged poor persons have Medicaid protection.

Key recommendations

—Congress should resist further attempts to cut back Medicare and Medicaid coverage. Older Blacks have been among the major casualties of these reductions. Cost containment should be the primary goal to strengthen the financing of Medicare and Medicaid.

—Our health care system should place a greater emphasis upon preventive measures to ward off illness and to encourage wellness among the elderly.

—As a long-term goal, our nation should enact a universal and comprehensive national health insurance program with built-in cost controls. Until this can be achieved, Medicare should be improved by capping out-of-pocket payments for hospital and medical services, as well as closing gaps for crucial health care needs.

IV. BUDGET ISSUES

Older Americans from all walks of lives and all sections of our nation have been hit hard by budgetary cuts in recent years. Yet, many opinion leaders believe that the elderly have escaped largely unscathed from the budget knife. However, aged Blacks and other older Americans have clearly suffered.

Social Security, the major source of support for elderly Blacks and other senior citizens, has been cut on a number of occasions during the 1980's. The most substantial reduction occurred in 1983 when the aged did not receive a cost-of-living adjustment (COLA) that year. The six-month delay in the COLA—from July 1983 to January 1984—cost Social Security beneficiaries an estimated $4.2 billion in lost benefits in fiscal year 1986.

Budget cuts have helped to cause Medicaid coverage for low-income older Americans to fall by 316,000 from 1980 to 1985.

Convantional pubic housing starts have dropped by 79 percent within a five-year period, from 36,365 in FY 1980 to 7,714 in FY 1985. About two out of every five households living in public or subsidized housing in fiscal year 1980 were headed by an aged individual.

The Gramm-Rudman-Hollings balanced budget amendment has further intensified the budgetary squeeze for programs serving older Americans and elderly Blacks. The automatic spending reduction feature in the amendment produced several negative effects for elderly Blacks and other older Americans during FY 1986, including:

—The elimination of about 2,800 positions under the Senior Community Service Employment Program for low-income persons 55 years or older.

—Funding for the elderly nutrition program was cut by $17.4 million, causing meals to be reduced by an estimated 4.1 million from 1985 to 1986.

Key recommendations

—A more balanced approach is needed to reduce the federal budget deficit. A greater emphasis should be placed on closing loopholes in the tax law. In addition, Congress must search for a fair and effective means to reduce spending. Congress must continue to be vigilant in preventing wasteful spending at the Pentagon and other agencies. Every effort should be made to avoid cutbacks for programs serving the poor and disadvantaged.

—Congress should vote cuts in programs on the basis of budgetary considerations and the merits of the particular programs, rather than resorting to a ratification of across-the-board reductions as under the Gramm-Rudman-Hollings (GRH) amendment. Congress should repeal the GRH amendment and establish realistic deficit target goals which are approved by a recorded vote. An enforcement mechanism should also be established, either through the appropriations or budgetary process.

V. HOUSING

Housing is the number one expenditure for the elderly. Many older Americans spend at least one-third of their income for housing. A significant percentage spend substantially more, particularly older Blacks.

Housing is perhaps the most visible sign of deprivation among aged Blacks, whether they live in urban ghettos or rural slums. One out of every three elderly Blacks considered their housing to be unsuitable, according to a 1981 Louis Harris Poll commissioned by the National Council on Aging.

Elderly Blacks are 3-1/2 times as likely as older Whites to be without plumbing for their exclusive use, according to the 1980 Census. About three out of seven (43.5 percent) houses occupied by aged Blacks lacked central heating.

Today numerous older Blacks find themselves in an impossible housing situation. Their homes may be old and dilapidated. But, their meager incomes make it impossible for them to move to more suitable housing or to repair their existing homes.

These problems have been exacerbated by sharp funding cutbacks for federally-assisted housing in recent years.

Key recommendations

—Our nation should set a goal of at least 200,000 additional housing units per year for older Americans. The public, private for profit, and voluntary sectors should work cooperatively to implement this goal. At the federal level, there should be an appropriate mix of public housing, section 8 assistance, section 202 housing for the elderly and handicapped, and Farmers Home Administration programs to respond to the many varied housing needs of aged Blacks and other older Americans.

—The Congregate Housing Service Program should be a cornerstone in our nation's housing strategy to improve the quality of life for "at risk" older persons who may windup in a nursing home at a significantly higher public expense.

—Existing laws prohibiting housing discrimination should be fully and vigorously enforced.

VI. CRIME

Persons 65 or older are much less likely to be victims of crime than other age groups, particularly teenagers and persons in their early 20's. These figures are extremely misleading if viewed in isolation, and lead to erroneous conclusions.

First, a substantial amount of crime is never reported because older Americans fear retaliation. Consequently, the victimization rates are deceptively low.

Second, the aged tend to be victimized less because large numbers live under a form of house arrest. This solution may provide more security for the elderly, but it also causes them to be imprisoned in their homes, cut off from their families, friends and vital services.

Third, no statistics can accurately depict the personal trauma and fear of being victimized.

Older Blacks are far more likely to be victimized by criminals than aged Whites. For example, elderly nonwhites (largely aged Blacks) are more than five times as likely to be murder victims than Whites 65 years or older. Aged nonwhite males (primarily older Blacks) are more than five times as likely to be murder victims than Whites 65 years or older. Aged nonwhite males (primarilly older Blacks) are 2.7 times more likely to be robbery victims than elderly White males.

Key recommendations

—A strong handgun control law should be enacted as soon as possible to keep life threatening weapons out of the hands of criminals and other potentially dangerous persons.

—Our nation's efforts to combat crime should focus on preventive techniques.

—Several methods have already been tested, and the results have generally been positive. The key is to educate the public about effective crime prevention techniques, such as security checks, escort services, neighborhood watches, and the installation of security devices.

—Federal and state criminal courts should impose stiffer sentences against assailants who victimize other Americans.

VII. SERVICES

Aged Blacks and other elderly minorities continue to be underrepresentated in Older Americans Act and other services programs. Yet, their need for a wide range of supportive services is normally about two to three and one-half times as great as for older Whites.

The situation is worsening, rather than improving. In fact, the minority participation rate for the Older Americans Act Title III-B supportive services program has plummented by one-fourth (24.7 percent), from 21.9 percent in FY 1980 to 16.5 percent in 1985. This rate represents an all time low for this decade.

Older Blacks have been especially hard it. Nearly 300,000 fewer Blacks received Title III-B supportive services in 1985 than in 1980. During this decade, the aged Black participation rate has dropped by one-fourth (23.0 percent, from 13.9 percent in 1980 to 10.7 percent in 1985.

A similar pattern exists for elderly Blacks and other older minorities for the Title III-C nutrition program, although the decline has not been quite as severe as for supportive services.

Key recommendations

—The Older Americans Act should state affirmatively that elderly minorities should be served on the basis of their social or physical need for services.

—The Older Americans Act should include specific language to promote the appointment of minorities on advisory committees and other units of area agencies on aging and state offices on aging.

—Improved information and outreach services should be developed to assure that more aged Blacks and other low-income elderly persons participate in "safety net" programs (e.g., Medicaid and food stamps) and the Older Americans Act.